

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

FEB 1 2016

### 1. CARRIER INFORMATION:

287	Errands Plus, Inc, t/a RMA Chauffeured Transportation Service			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
12270 Wilkins Avenue		Rockville	MD	20852-1834
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(301) 231-6555		(301) 231-9677		
*Telephone	Other Telephone	Fax	E-mail	

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

1424655			2014
USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Art Miesemer	Vice President		
*Name	*Title		
(301) 231-6555	(301) 231-9677		
*Telephone	Other Telephone	Fax	E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process	Telephone	E-mail		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
			SEE ATTACHED.				

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Art Mierand  
**\*Name** (type or print)

V.P. Operations  
**\*Title** (not required for sole proprietors)

[Signature]  
**\*Signature**

1/31/16  
**\*Date**

Fleet No.	Model Year	Make	Vehicle VIN	License Plate Number	State Registered	Seating Capacity	Wheelchair Lift or Ramp Yes/No
4401	2014	FREIGHTLINER	1FVACWDT2EHFS4978	025P21	MD	33	NO
4402	2014	FREIGHTLINER	1FVACWDT0EHFS4980	025P22	MD	33	NO
4403	2014	FREIGHTLINER	1FVACWDT2EHFS4979	025P23	MD	33	NO
4404	2014	FREIGHTLINER	1FVACWDT2EHFS4981	025P24	MD	33	NO
4801	2008	KRYSTAL (CHEVY)	1GBG5U1978F410358	009P35	MD	32	NO
4802	2008	KRYSTAL (CHEVY)	1GBG5U1988F409946	009P36	MD	32	NO
4803	2008	KRYSTAL (CHEVY)	1GBG5U1988F411982	009P37	MD	32	NO
4804	2008	KRYSTAL (CHEVY)	1GBG5U1908F410282	025P06	MD	32	NO